



INSTITUTE OF FOREIGN CREDENTIAL SERVICES

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INSTITUTIONAL APPLICATION

NAME OF INSTITUTION _____

Department _____

BILLING CONTACT

Name _____

Telephone (____) ____ - ____ Email Address _____

Mailing Address _____

STUDENT INFORMATION

Name _____

Date of Birth _____

Country of Study _____

SERVICES CHECK ALL THAT APPLY

- GENERAL ANALYSIS - \$75.00
- GENERAL ANALYSIS WITH GPA - \$110.00
- COURSE-BY-COURSE - \$150.00
- COMPREHENSIVE COURSE-BY-COURSE - \$195.00
- HEALTH PROFESSIONS COURSE-BY-COURSE - \$225.00
- DOCUMENT AUTHENTICATION - \$100.00
- TRANSLATION PLEASE SEND DOCUMENTS FOR A QUOTE

PAYMENT OPTIONS

- SEND AN INVOICE
- BILL THE CREDIT CARD BELOW

CREDIT CARD TYPE	VISA	MASTERCARD	AMERICAN EXPRESS
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CARD HOLDER'S CONTACT INFORMATION

Phone 1 (____) ____ - ____ Phone 2 (____) ____ - ____

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I authorize Institute of Foreign Credential Services to charge the above credit card account for all services I have requested on this application.

CARDHOLDER'S SIGNATURE _____